

STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION DIVISION OF MENTAL RETARDATION SERVICES ANDREW JACKSON BUILDING, 15TH FLOOR 500 DEADERICK STREET NASHVILLE, TENNESSEE 37243 June 20, 2005

MEMORANDUM

TO:

Day, Residential, Personal Assistance Agency Directors

ISC Agency Directors

FROM:

Stephen H. Norris Deputy Commissioner

Division of Mental Retardation Services

SUBJECT:

Requests to Re-administer the ICAP

An ICAP may be re-administered and scored when the needs of the individual have changed significantly or it is believed that the ICAP does not accurately reflect the individual's needs and capabilities. Because the results of the ICAP are related to the Rate Levels for the payments to providers, the payment rate may also need adjustment when an ICAP is re-administered. To enable the Division to more efficiently address requests for re-administration of the ICAP, we require the following information:

- 1. The name of the Agency that is requesting the ICAP be redone.
- 2. The person's name.
- 3. Social security number.
- 4. Whether the person is a class member of one of the lawsuits and, if so, which lawsuit.
- 5. The person's current DMRS Rate Level and per diem rate for day and residential services.
- 6. Whether the person has a special needs adjustment to his current rate.
- 7. The reason for the ICAP to be redone:
 - a. Higher funding level has been requested. If so what is the requested Rate Level and per diem rate?
 - b. Change in the person's condition. Please list the changes in health, behavior or functioning and state whether the change is expected to be temporary or long term.
 - c. ICAP is not reflective of the person. Please identify the perceived discrepancy(ies) in health, behavior or functioning.

This information will ensure that questions on funding and the ICAP can be addressed at one time and in an efficient manner. Based on the information provided and comparison with the ICAP data on file, we will determine if the ICAP needs to be redone, by whom, and whether there is justification for the funding level to be increased either temporarily with a special needs adjustment or permanently with an increase in the Rate Level.

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All requests should be prepared and submitted by the service provider. When an individual, family member or ISC believes the ICAP should be re-administered, the appropriate residential or day provider should be informed so that they may complete and submit the request. Please send requests by email to brian.dion@state.tn.us

BD/bdc

Cc: Donna Allen

Regional Directors